P97000101684

Department of State Division of Corporations P. O. Box 6327 Tallahassee, FL 32314



THE MISS TRADEWINDS, INC. Of ISLAMORADA (Proposed corporate name - must include suffix)

300002358863--2 -12/01/97--01074--004 *****78.75 *****78.75

Enclosed is an original	and one(1) copy of the articles	of incorporation and a	check for ;
\$70.00 Filing Fee	\$78.75 Filing Fee & Certificate	□\$122.50 Filing Fee & Certified Copy	\$131.25 Filing Fee, Certified Copy & Certificate
		ADDITIONAL COPY REQUIRED	
FROM:	MICHAEL H. OWENS Name (Pr	inted or typed)	<u> </u>
-	PO BOX 1192	ddress	
	•	3036 State & Zip	97 D SECF
,	305 664 501	I O elephone number	AHASS
HORIZATION BY PHONE RRECT article E 12-3-97 C. EXAM BR	GAVE	erepione number	AM 9: 56 Y OF STATE SEE, FLORIDA

NOTE: Please provide the original and one copy of the articles.

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ARTICLES OF INCORPORATION

The undersigned incorporator, for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopts the following Articles of Incorporation.

ARTICLE I NAME

The name of the corporation shall be:

THE MISS TRADEWINDS, INC. OF ISLAMORADA

ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be:

115 Parker Dr.

PO Box 1192

Islamorada, FL 33036

<u>A</u>RTICLE III SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is:

<u> ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS</u>

The name and Florida street address of the initial registered agent are:

Michael H. Owens

115 Parker Dr.

Islamorada, FL 33036

ARTICLE V INCORPORATOR

The name and address of the incorporator to these Articles of Incorporation are: Michael H. Owens

PO Box 1192

ARTICLE VI

DATE

1 JANUARY 1998

Islamorada, FL 33036

Signature/Incorporator

(An additional article must be added if an effective date is requested.)

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent

Signature/Registered Agent